to the Consolidated ETRAI For F	NSM Y 200	ions Act, 2005 (H.F IITTAL 17	′	Application Nun Filing Date First Named Inv Examiner Name		09/900,485-C July 6, 2001 Rod A. Cherk				
For F	Y 200	7		First Named Inv	ventor					
For F	Y 200	7			ventor	Rod A. Cherk				
cant claims small en	***********			Evaminer Name		Rod A. Cherkas				
	ntity status.	0 0 0 0 0 0 0	For FY 2007					S. E. Chencinski		
OUNT OF PAYME	Applicant claims small entity status. See 37 CFR 1.27					2167				
TOTAL AMOUNT OF PAYMENT (\$) 790.00			Attorney Docket No.		37202/102001					
OF PAYMENT ((check all	that apply)								
x Credit Care	d 🗌	Money Order	Nor	e Other	(please ide	ntify):				
Account Deposit	Account Nun	nher: 50-0591 n	Denosit Acc	ount Name:		Osha · Liang	LLP			
	-		110000110		,		•	filina fo		
, ,			mente o		• • •		oxeopt for the	9		
fee(s) under 37	CFR 1.16	and 1.17	ilielia o	x Credit	any over	payments				
ULATION										
.ING, SEARCH, A										
	FILIN		SE				3			
<u>Type</u>	Fee (\$)	Fee (\$)	<u>Fee (\$</u>				<u>Fees Pa</u>	id (\$)		
	300	150	500	250	200	100				
	200	100	100	50	130	65				
	200	100	300	150	160	80				
			500		600	300				
	200	100	0	0	0	0				
•								mall Ent		
	Reissue:	s)						25		
		•						100		
endent claims							360	180		
			Fee F	Paid (\$)	1	Multiple Depend	ent Claims			
					<u> </u>	ee (\$)	Fee Paid (\$)			
			Fee F	Paid (\$)						
			n 3.							
The state of the s	charge fee(s) in Charge any addifee(s) under 37 CULATION ILING, SEARCH, A CLAIM FEES Cotion Over 20 (including endent claims over pendent claims over pendent claims Extra Claims ims Extra Claims - 26 = t number of total claims ims Extra Claims The country of total claims ims Extra Claims The country of total claims T	the above-identified deposit Charge fee(s) indicated by the fee(s) under 37 CFR 1.16 CULATION ILING, SEARCH, AND EXA FILIN On Type Fee (\$) 300 200 200 300 200 al CLAIM FEES Stion over 20 (including Reissue endent claim over 3 (including pendent claims Extra Claims - 26 = x t number of total claims paid for, if tims Extra Claims - 5 = x t number of independent claims paid at number of independent claims paid for, if tims Extra Claims - 5 = x ATION SIZE FEE	the above-identified deposit account, the D Charge fee(s) indicated below Charge any additional fee(s) or underpay fee(s) under 37 CFR 1.16 and 1.17 CULATION ILING, SEARCH, AND EXAMINATION FEI FILING FEES Small Entity Fee (\$) Fee (\$) 300 150 200 100 200 100 200 100 300 150 al 200 100 CLAIM FEES Stion over 20 (including Reissues) endent claim over 3 (including Reissues) endent claims ms Extra Claims Fee (\$) -26 = x 50.00 = t number of total claims paid for, if greater than 20. ims Extra Claims Fee (\$) -5 = x 200.00 = t number of independent claims paid for, if greater than 20. ATION SIZE FEE	the above-identified deposit account, the Director is Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 CULATION ILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee (\$) Fee (\$) 300 150 500 200 100 100 200 100 300 300 150 500 200 100 300 300 150 500 CLAIM FEES Stion over 20 (including Reissues) endent claim over 3 (including Reissues) endent claims ms Extra Claims Fee (\$) Fee (\$) Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	the above-identified deposit account, the Director is hereby authorized Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 CULATION ILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 100 50 200 100 300 150 300 150 500 250 and 200 100 300 150 CLAIM FEES Stion Over 20 (including Reissues) endent claim over 3 (including Reissues) expendent claims ms Extra Claims Fee (\$) Fee Paid (\$) -26 = x 50.00 = t number of total claims paid for, if greater than 20. ims Extra Claims Fee (\$) Fee Paid (\$) -5 = x 200.00 = t number of independent claims paid for, if greater than 3. ATION SIZE FEE	the above-identified deposit account, the Director is hereby authorized to: (charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 CULATION ILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SMall Entity Fee (\$) Fe	the above-identified deposit account, the Director is hereby authorized to: (check all that apply Charge fee(s) indicated below Charge fee(s) indicated below, fee(s) under 37 CFR 1.16 and 1.17 CULATION ILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entit	the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 CULATION ILING, SEARCH, AND EXAMINATION FEES FILING FEES STILING FEES STARCH FE		

SUBMITTED BY	001010				
Signature	KVXVIC	Registration No. (Attorney/Agent)	46,479	Telephone	(713) 228-8600
Name (Print/Type)	Robert P. Lord			Date	April 5, 2007